_			tprii 13, 1801 — Nouces
	Notification of Hazardous Waste Site	Side Two	
F	Waste Quantity	Facility Type	Total Facility Waste Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. 🗆 Piles . ···	quantity sent 54,810
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site	2. Q Land Treatment 3.35 Landfill 4. Q Tanks	gettonis 186,080 G
1	using cubic feet or gallons.	5. D Impoundment	Total Facility Area 596113
!	tn the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	B. D Underground Injection Drums, Above Ground Drums, Below Ground Drums, Below Ground Double (Specify)	ecres .
G	Known, Suspected or Likely Releases	to the Environment:	77-1
ì	Place an X in the appropriate boxes to indict or likely releases of wastes to the environment	Ite any known suspected	Unknown Known Suspected Likely None
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completin	g these items will assist EPA and State g the items is not required, you are en	e and local governments in locating and assessing ancouraged to do so
H	Sketch Map of Site Location: (Option	al)	-
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		Superfund Proston Sounds SITE: Cranston Sounds BREAK: 1.6
			OTHER: 583965
	•		21124: 703 192
*-			
	i e	<	I HANKE BETTEL SELVER HAVE AND HE HAVE
		•	SDMS DocID 583965
•	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
	Signature and Title:		
4	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing	Name Richard A. Covel, E	SG. Owner, Present Owner, Past
		Sirver 60 State Street Cry Boston State	Transporter MO 100 D Operator, Present
	Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"	Signature Richard a Car	Date Coloo 02109 Operator. Past Other

(PR Doc. 69-11500 Piled 4-14-61; 8:46 am) BILLING CODE 8500-20-C

SEPA Notification of Hazardous Waste Site



JUN 1 0 1981

Environm Agency ental Protection

Lean Approved
OSB No. 2000 0138

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Washington DC 20460

	<u> </u>	810	6(0	•	1.	<i>(L</i> .
A	Person Required to Notify:			ina Tad		0
	Enter the name and address of the person of organization required to notify.		Recycling Industries Inc.			
•		Street		incy Aven	ue <u>·</u>	·
		Cay	Braint	ree	State MA	Zup Code 02184
B	Site Location: -			•		0000
	Enter the common name (if known)	and Stame of	Sae Un	ited Sani	tation Inc.	
	PLD 084812577	Street	168	88 Pontia	Avenue	
		7				02920
C	Person to Contact:	ENV C.	ranston	County	Sinte RI	Zo Code 0 2910
•	Enter the name, title (if applicable), a	. Stema # -	st. First and Title	D	7 /2-	
	PUSINESS IBIEDNONE humber of the	Brson		Drawas,	<u>leal/Manage</u>	r Planning &
	to contact regarding information submitted on this form.	Phone	(617)	848-0612	.	Compliance
				•		
)	Dates of Waste Handling:					
	Enter the years that you assume to	ste				
	treatment, storage, or disposal began ended at the site.	and From (Yes	<u>n 1977</u>	To (Year)	1979	•
	1	•				
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		oppropriate	Specific Type (EPA has assign listed in the reg appropriate four	ied a four-digit numb julations under Sections the	per to each hazardous waste on 3001 of RCRA. Enter the boxes provided. A copy of
		·				
		D Mining	1	located.	·· ·· meAirti setatiğ (the State in which the site
	2. D Inorganics 2	☐ Construction) '	,
		D Textiles	I		{	
	4.	☐ Fertilizer	_		1 	-
		Paper/Printing Leather Tann	ng		1	- ·
		Leather Tenr	ander			1
	B LI PCBS 2	Chemical, Go	eneral			
	B. U. Mixed Municipal Waste 9.3	Plating/Polis	hing			
	10. Li Unknown	Military/Ami	nunition			
	11.26 Other (Specify) 11. 10w toxic wastes	D Electrical Cor	nductors	 		4
	ri a naint atitu	Transformers				┛ ┗━━━┩.
•	hottoma bradensia	Utility Compa	inies	•		
	sludge & non-	☐ Photofinish	I	Ĭ	INCONTROLLED WA	STE SITES
	hazardous materials) *6.	□ Lab/Hospital	1		a hazandgus ha	
	17.	□ Unknown	1	Ali	i o hathuano ma	ifuturo dea.
	18 <u>}</u>	6 Other (Specifictal fabri	y) ication		JIIN 101	981

Notification A Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must

Please type or print in ink. If you need which applies.

RIS 000 001 023

	be mailed by June 9, 1981.	81	0609	Neys.	
Ā	Person Required to Notify: Enter the name and address of the person or organization required to notify.		C'. W.	Miller Co.	
			Name	22.5	
			Street 1/Hods	ell St.	
			city Cranst	on State R.I. Zip Code 02910)
В	Site Location: Enter the common name (if known) and actual location of the site. RTD 084812577		Sani	tary Landfill	
			Name of Site San1	odi y Edildi III	
			Street 1688	Pontiac Ave.	
<i>B</i> .44			city Cranston	county Providence R.I. zip Code 02920	
_	Person to Contact:				
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title	Roger, Ronald Foreman	
			Phone (401) 4	61-7330	
				1999	
D	Dates of Waste Handling:				
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		፣ ሰብ እ	To (Year) July 178 1978	
			From (Year) 1970	To (Year) Tuly 78 (1)	
E	Waste Type: Choose the option Option I: Select general waste ty	pes and so	ource categories. If	Option 2: This option is available to persons familiar with	the
	you do not know the general waste types or encouraged to describe the site in Item I—De			Resource Conservation and Recovery Act (RCRA) Section 3 regulations (40 CFR Part 261).	001
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. Source o Place an boxes.		of Waste: X in the appropriate	Specific Type of Waste: EPA has assigned a four-digit number to each hazardous w listed in the regulations under Section 3001 of RCRA. Ente appropriate four-digit number in the boxes provided. A cop the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the s	er th y of
	1. Corganics	1. □ Mi	nina	located.	
	2. M Inorganics		nstruction	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7
	3. 靨 Solvents	3. □ Te	xtiles	and the second second	1
	4. Pesticides	4. 🗆 Fe			1
	5. Heavy metals	5. Paper/Printing		000024]
ř.	6. Ş≊ Acids		ather Tanning]
	7. ☐ Bases 8. ☐ PCBs	,	n/Steel Foundry emical, General		_
	9. ☐ Mixed Municipal Waste		emical, General iting/Polishing		4
	10. Unknown		litary/Ammunition		4
	11. 図 Other (Specify)		ectrical Conductors		-
	Synthetic Machine				╛
بر	Coolant	13. ☐ Utility Companies		Jun 10 4 09 PM '81	
r ()	95% water 5% cool-		nitary/Refuse		
	ing oil	15. 🗆 Ph	-		
	J		b/Hospital		
•		17. 🗆 Úr	known	· · · · · · · · · · · · · · · · · · ·	
			her (Specify)		
		Mach	ine Tooling		
	Frankamana				
	Form Approved OMB No. 2000-0138				

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	· Andrews		
F	Waste Quantity:	Facility Type	Facility Waste Amount		
	Place an X ireans appropriate boxes to indicate the facility types found at the site.	1. Piles	cubic feet no available figure		
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site	 2. ☐ Land Treatment 3. Ø Landfill 	gallons for estimated computa		
		4. 🗆 Tanks	Total Facility Area tion		
	using cubic feet or gallons.	5. Impoundment	square feet		
	In the "total facility area" space, give the estimated area size which the facilities	6. ☐ Underground Injection7. ☐ Drums, Above Ground	acres 100 Å		
	occupy using square feet or acres.	8. Drums, Below Ground	100 71		
		9. Other (Specify)			
G	Known, Suspected or Likely Releases	to the Environment:			
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment		☐ Known 120 Suspected ☐ Likely ☐ None		
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing		l local governments in locating and assessing aged to do so.		
H	Sketch Map of Site Location: (Option	al)			
	Sketch a map showing streets, highways, routes or other prominent landmarks near				
	the site. Place an X on the map to indicate				
	the site location. Draw an arrow showing the direction north. You may substitute a				
	publishing map showing the site location.				
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	- Company of the Comp				
l	Description of Site: (Optional)				
	Describe the history and present conditions of the site. Give directions to				
	the site and describe any nearby wells, springs, lakes, or housing. Include such	Ų			
	information as how waste was disposed	•			
	and where the waste came from. Provide any other information or comments which	•	en e		
	may help describe the site conditions.				
		·			
	104		the first the second second		
	id rico e ul	466			
J	Signature and Title:	Danold Danon			
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a	Name Ronald Roger	Owner, Present		
		Street / HODSELL ST	□ Owner, Past □ Transporter		
	mailing address (if different than address in item A). For other persons providing	CDMICTAL D			
	notification, the signature is optional.	City CRANSTON State R	Zip Code 021(0		
	Check the boxes which best describe the relationship to the site of the person		□ Other		
	required to notify. If you are not required to notify check "Other"	Signature oval col	Date 6-5-81		